| DATE: 1/7 /0/ | FROM: 1 CHOC | from (print name) |
|---|---|-------------------------|
| | REASON(S): | |
| FORWARD TO: | A. You had Parent | (check box) |
| A. Art Unit: 2152 | B. See Title | (check box) |
| B. Class: 709 | C. See Abstract | (check box) |
| c Subclass: 217 | D. See Claim(s): | 1 |
| FURTHER EXPLANATION IF N | EEDED: | |
| | | |
| DATE | FROM: | (print name) |
| DATE: | | (print name) |
| | REASON(S): | |
| FORWARD TO: | A. You had Parent | (check box) |
| A. Art Unit: | B. See Title | (check box) |
| B. Class: | C. See Abstract | (check box) |
| C Subclass: | D. See Claim(s): | |
| | <u></u> | |
| DATE: | FROM: | (print name) |
| DATE: | | (print name) |
| | FROM: REASON(S): A. You had Parent | (print name) |
| | REASON(S): | |
| | REASON(S): A. You had Parent | (check box) |
| | REASON(S): A. You had Parent B. See Title | (check box) |
| FORWARD TO CLASSIFIER | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check box) (check box) |
| FORWARD TO CLASSIFIER | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check box) (check box) |
| FORWARD TO CLASSIFIER | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check bod) (check bod) |
| FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check bod) (check bod) |
| FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check box) (check box) |
| FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED: | (check box) (check box) |
| FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED: | (check box) (check box) |
| FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE DISPOSITION BY 2700 CLA DATE: FORWARD TO: | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED: ASSIFICATION CLASSIFIER: REASON(S): | (check box) (check box) |
| FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE | REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED: ASSIFICATION CLASSIFIER: REASON(S): A. You had Parent | (check box) (check box) |

FURTHER EXPLANATION IF NEEDED: